

County: St. Croix  
 CHRISTIAN COMMUNITY HOME OF HUDSON  
 1320 WISCONSIN STREET  
 HUDSON 54016 Phone: (715) 386-9303  
 Operated from 1/1 To 12/31 Days of Operation: 365  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/02): 81  
 Total Licensed Bed Capacity (12/31/02): 81  
 Number of Residents on 12/31/02: 77

Facility ID: 2500

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Ownership: Non-Profit Corporation  
 Highest Level License: Skilled  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 77

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)			%
			Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No									32.5
Supp. Home Care-Personal Care	No						1 - 4 Years			55.8
Supp. Home Care-Household Services	No		Developmental Disabilities	0.0	Under 65	1.3	More Than 4 Years			11.7
Day Services	No		Mental Illness (Org./Psy)	15.6	65 - 74	9.1				-----
Respite Care	No		Mental Illness (Other)	10.4	75 - 84	24.7				100.0
Adult Day Care	No		Alcohol & Other Drug Abuse	0.0	85 - 94	51.9	*****			
Adult Day Health Care	No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	13.0	Full-Time Equivalent			
Congregate Meals	Yes		Cancer	0.0		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	Yes		Fractures	7.8		100.0	(12/31/02)			
Other Meals	No		Cardiovascular	3.9	65 & Over	98.7	-----			
Transportation	No		Cerebrovascular	14.3		-----	RNs			11.1
Referral Service	No		Diabetes	3.9	Sex	%	LPNs			8.2
Other Services	No		Respiratory	5.2		-----	Nursing Assistants,			
Provide Day Programming for			Other Medical Conditions	39.0	Male	22.1	Aides, & Orderlies			
Mentally Ill	No			-----	Female	77.9				
Provide Day Programming for				100.0		-----				
Developmentally Disabled	No					100.0				

#### Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
Level of Care			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	8	100.0	342			2	4.7	147	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	10	13.0
Skilled Care	0	0.0	0			36	83.7	125	0	0.0	0	26	100.0	134	0	0.0	0	0	0.0	0	62	80.5
Intermediate	---	---	---			5	11.6	103	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	6.5
Limited Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0				43	100.0		0	0.0		26	100.0		0	0.0		0	0.0		77	100.0

*****									
Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							
		-----							
Percent Admissions from:		Activities of		% Needing		% Totally		Total	
		Daily Living (ADL)		Assistance of		Dependent		Number of	
Private Home/No Home Health		18.8		Independent		One Or Two Staff		Residents	
Private Home/With Home Health		0.0		0.0		81.8		77	
Other Nursing Homes		5.8		10.4		67.5		77	
Acute Care Hospitals		68.1		22.1		71.4		77	
Psych. Hosp.-MR/DD Facilities		0.0		15.6		66.2		77	
Rehabilitation Hospitals		1.4		37.7		57.1		77	
Other Locations		5.8				5.2			
*****									
Total Number of Admissions		69		Continence		% Special Treatments			
Percent Discharges To:				Indwelling Or External Catheter		2.6		Receiving Respiratory Care	
Private Home/No Home Health		22.2		Occ/Freq. Incontinent of Bladder		64.9		Receiving Tracheostomy Care	
Private Home/With Home Health		0.0		Occ/Freq. Incontinent of Bowel		41.6		Receiving Suctioning	
Other Nursing Homes		1.4						Receiving Ostomy Care	
Acute Care Hospitals		9.7		Mobility				Receiving Tube Feeding	
Psych. Hosp.-MR/DD Facilities		0.0		Physically Restrained		0.0		Receiving Mechanically Altered Diets	
Rehabilitation Hospitals		0.0							
Other Locations		16.7		Skin Care				Other Resident Characteristics	
Deaths		50.0		With Pressure Sores		9.1		Have Advance Directives	
Total Number of Discharges				With Rashes		1.3		Medications	
(Including Deaths)		72						Receiving Psychoactive Drugs	
								85.7	
*****									
Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities									
*****									
		This Facility		Ownership:		Bed Size:		Licensure:	
				Nonprofit		50-99		Skilled	
				Peer Group		Peer Group		Peer Group	
				Ratio		Ratio		Ratio	
								All Facilities	
Occupancy Rate: Average Daily Census/Licensed Beds		95.1		87.5		1.09		87.1	
Current Residents from In-County		84.4		79.3		1.06		81.5	
Admissions from In-County, Still Residing		29.0		21.8		1.33		20.0	
Admissions/Average Daily Census		89.6		124.6		0.72		152.3	
Discharges/Average Daily Census		93.5		129.0		0.72		153.5	
Discharges To Private Residence/Average Daily Census		20.8		50.5		0.41		67.5	
Residents Receiving Skilled Care		93.5		94.7		0.99		93.1	
Residents Aged 65 and Older		98.7		96.2		1.03		95.1	
Title 19 (Medicaid) Funded Residents		55.8		56.7		0.99		58.7	
Private Pay Funded Residents		33.8		32.8		1.03		30.0	
Developmentally Disabled Residents		0.0		0.5		0.00		0.9	
Mentally Ill Residents		26.0		35.5		0.73		33.0	
General Medical Service Residents		39.0		23.8		1.64		23.2	
Impaired ADL (Mean)		48.8		50.4		0.97		47.7	
Psychological Problems		85.7		54.7		1.57		54.9	
Nursing Care Required (Mean)		6.0		6.9		0.87		6.2	
								0.96	
								6.7	
								0.89	
								7.2	
								0.83	